



Town of Carlisle
Office of
BOARD OF HEALTH
66 Westford Street
Carlisle, MA 01741

Tel.: (978) 369-0283
Fax: (978) 369-4521

**TOWN OF CARLISLE REQUEST FORM
FOR ENGINEERING SERVICES**

Location of Property: _____
(street address, map and parcel)

Applicant: _____

Address: _____ Telephone _____

Property Owner and
Address _____

Engineer/Soil Evaluator _____

Company Address and Telephone: _____

SERVICES REQUESTED*:

Indicate: New Installation [] voluntary Upgrade [] Failed System []

If a failed system, reason for failure: _____

Testing Date Requested: _____ Confirmed Date: _____

Testing Requested: Percolation Test [] Deep Hole [] Observation Pipe Reading []

Fee Paid: _____ Date: _____

The undersigned hereby agrees to comply with all provisions of the Town of Carlisle Board of Health regulations, State Environmental Code and the Wetlands Protection Act and Carlisle Local Wetlands Protection Bylaw.

Signature of Applicant or Engineer: _____

Date Signed: _____

*If equipment access to the testing site requires a wetland crossing, contact the Carlisle Conservation Administrator.

ENGINEERING FEES

\$350	Prepayment for witnessing soil tests (up to 3.0 hours per one owner)
\$150	Prepayment for additional testing days on same lot
Actual Cost	Additional time over 3.0 hours on any one testing day
\$50	Reading previously installed observation pipe (per lot)
\$150	Late cancellation (after 3 p.m. day before) and No Shows
\$	Late cancellation by Board of Health (after 3 p.m. day before) – refund of original fee and up to 3.0 hours of witnessed testing (same day)